

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 731 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry H. Hopkins

Sex, Male & Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bookkeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

607 N. Calhoun

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness,

11 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 29/87

Undertaker, Denny & Mitchell

Place of Business, 1201 N. Fayette

H. S. Latimer

M. D.

Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 732

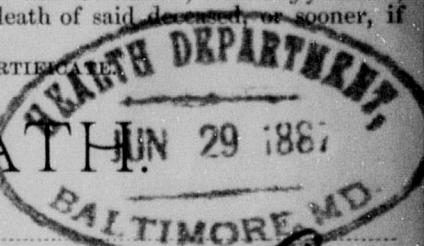
Office of Registrar of Vital Statistics.

Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, June 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard Straubinger

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, Years, 10 Months, 0 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } S

Occupation, Balt

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 849 W. Fayette St

Cause of Death, { First (Primary), Cholera Infantum Second (Immediate), — }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hells Point cem

Date of Burial, June 29

{ Undertaker, Evans & Spence

{ Place of Business, 1000 E Baltimore St Address, 763 W. Fayette St

Chas. W. Neff M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

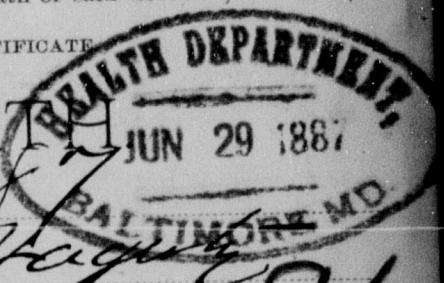
Health Department, City of Baltimore.

Permit No. A 733 Office of Registrar of Vital Statistics. Ward 8 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, June 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaux. Taggart

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Female

Age, 18 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 715 Buren St

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, S. Peters Cemetery

Date of Burial, June 29

{ Undertaker, Gas O'Byrne

{ Place of Business, 302 N Gay St

Edward. W. Rock M. D.

Medical Attendant.

208 Academy

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 73

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Asphyxia from drowning Second (Immediate), }

Duration of Last Sickness, 3 - 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, June 29 1887

{ Undertaker, Jas. O'Byrne

{ Place of Business, 30 E. N. Gay

Alexander Hill, M. D.
Medical Attendant.
Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of physicians is respectfully invited to the demands below, and to list Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 735 Office of Registrar of Vital Statistics. Ward 17^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1887 BALTIMORE MD.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm G. Rowland

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

23

Years,

9

Months,

Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Songled

Occupation,

Cannaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and Number. }

1418 Johnson St

Cause of Death, { First (Primary),

Pneumonia

Second (Immediate),

Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, over Paternal

Geo H. Rowland

Date of Burial, July 1st

Geo H. Rowland M. D.

Undertaker, B. Hall

Medical Attendant,

Place of Business, 115 West St

Address,

Geo H. Rowland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 736

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH JUN. 29 1887



Date of Death, June 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Luissa Sneeday

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Bruce Street # 1546

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 29 1887

{ Undertaker, 8 W Chase

{ Place of Business, 641 Howard Address, 4

L. G. Spangler M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

737

Office of Registrar of Vital Statistics.

Ward

20

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

June 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Helen Kinel

Sex, Male or Female, { Cross out the word not } required in this line.

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1412 Appleton

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Dysentery
Exhaustion

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co. Md.

Date of Burial, June 30, 1887

Undertaker, Martin J. Fakay

Place of Business, 606 Lower Street

John S. Hack

M. D.

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(4742)

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 738

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Warfield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 5 Months, — Days.

Color, Cream

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Beth Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. }

750 Chestnut Alley

Cause of Death, { First (Primary), Second (Immediate), }

Hoera Sputum

Asthma

Duration of Last Sickness, 7 da

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th

Undertaker, Alexander

Place of Business, 1561 Orchard St.

W. D. Fugate

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is especially invited to the remarks below, and to LIST OF DISEASES on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 739 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Waehner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Central Ave 137

Cause of Death, { First (Primary),

Second (Immediate), Cynanche Membranacea

Duration of Last Sickness, about 14 days.

All the above information should be furnished by the Physician.

Place of Burial Holy Redeemer

Date of Burial June 30th 1887

Undertaker, Fred Gaede

Place of Business 108 S. Caroline

John A. Schultz, M.D.

Medical Attendant.

Address, 7 E. Han Lough & Edw.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 740

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

June 29th 1887



Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Philip Mallon

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — Years, 7 Months, 13 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. }

45. Courtland and

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum.

Duration of Last Sickness,

about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1887

Undertaker, Fred Gards

Place of Business, 102 S. Caroline Street, Address, 4 N. Broadway

D. W. Battell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]